

P95000059543

1995

TROPICAL TIKI HUTS, INC.
Magnolia Trace NW, PO Box 2037
LaBelle, Florida 33935
(941) 675-5898

50000015415415
-07/31/95--01050--018
*****70.00 *****70.00

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

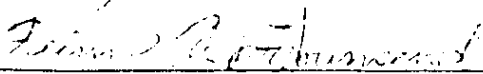
Re: TROPICAL TIKI HUTS, INC.

Dear Division of Corporations:

Enclosed please find Articles of Incorporation for
TROPICAL TIKI HUTS, INC., along with a check in the
amount of \$70.00 for filing fee and designation of
registered agent.

Also enclosed is a photocopy of the Articles. Please
return to me with the filing date stamped on it.

Thank You,


KELVIN A. TOWNSEND

Enclosures

RECEIVED
JUL 31 1995
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
OF
TROPICAL TIKI HUTS, INC.

FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

ARTICLE I. NAME

The name of this corporation shall be TROPICAL
TIKI HUTS, INC.

ARTICLE II. COMMENCEMENT & DURATION

The commencement of this corporation's existence
shall be at the time of the filing of these Articles Of
Incorporation by the Florida Department Of State. This
corporation's duration shall be perpetual.

ARTICLE III. PURPOSE

This corporation is being organized for the purpose
of engaging in the transaction of any and all business
activities permitted under the laws of Florida and the
United States Of America.

ARTICLE IV. CAPITAL STOCK

This corporation shall have the authority to issue
1,000 shares of Common Stock, with a par value of \$1.00
per share of common stock.

ARTICLE V. PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash by this
corporation of any shares of new capital stock of the
same kind, class, or series, as that which the
shareholder already holds, shall have the preemptive
right to purchase a pro rata share thereof (as nearly as
may be done without the issuance of fractional shares)
at the price at which such shares are offered to others.

ARTICLE VI. TRANSFER RESTRICTIONS

No shareholder shall have the right to sell, assign,
pledge, encumber, transfer, or otherwise dispose of any
shares of the capital stock of this corporation, without
first offering such shares for sale to this corporation
at the net asset value thereof. Such offer shall be in
writing, signed by the shareholder, sent by registered

or certified mail to this corporation at its registered office address, and open for acceptance by this corporation for a period of fifteen days from the date of mailing. If this corporation fails or refuses, within such period, to make satisfactory arrangements for the purchase of such shares, the shareholder shall have the right to dispose of such shares without any further restrictions.

On the death of any shareholder, this corporation shall have the right to purchase any shares of the capital stock of this corporation owned by the shareholder immediately prior to the shareholder's death, on the terms set forth above, and this provision shall be binding upon the personal representative of the shareholder.

Each stock certificate issued by this corporation shall carry the following legend:

"These Shares Are Held Subject To
Certain Transfer Restrictions
Imposed By This Corporation's
Articles Of Incorporation, A Copy Of
Which Is On File At This
Corporation's Principal Office."

ARTICLE VII. INITIAL BOARD OF DIRECTORS

The number of directors on this corporation's Initial Board Of Directors shall be two. The number of directors may be increased or decreased from time to time, as provided in this corporation's bylaws, but shall never be less than one.

The name and address of each individual who shall serve as a member of the Initial Board Of Directors are:

KELVIN A. TOWNSEND
Magnolia Trace NW, PO Box 2037
LaBelle, Florida 33935

MARY L. TOWNSEND
Magnolia Trace NW, PO Box 2037
LaBelle, Florida 33935

ARTICLE VIII. INDEMNIFICATION

This corporation shall indemnify any officer, director, employee, or agent, and any former officer, director, employee, or agent, to the full extent permitted by law.

ARTICLE IX. PRINCIPAL OFFICE & INITIAL REGISTERED OFFICE & AGENT

The address of this corporation's principal office and the address of this corporation's initial registered office shall be: Magnolia Trace NW, PO Box 2037, LaBelle, Florida 33935.

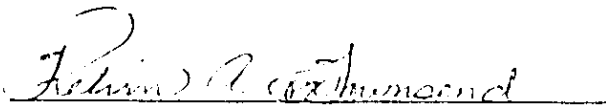
The name of the individual who shall serve as this corporation's initial registered agent at that address is: KELVIN A. TOWNSEND.

ARTICLE X. INCORPORATOR

The name and address of the individuals who shall serve as this corporation's incorporator are: KELVIN A. TOWNSEND, Magnolia Trace NW, PO Box 2037, LaBelle, Florida 33935.

ARTICLE XI. AMENDMENT

This corporation reserves the right to amend or repeal any provisions in these Articles Of Incorporation, or any amendments hereto. Any rights conferred upon the shareholders shall be subject to this reservation.


KELVIN A. TOWNSEND - Incorporator

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 of the Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating its registered office and registered agent in the State of Florida:

1. The name of the corporation is TROPICAL TIKI HUTS, INC.

2. The name and address of the registered agent and office of the corporation is: KELVIN A. TOWNSEND, Magnolia Trace NW, PO Box 2037, LaBelle, Florida 33935.

Dated this 5 day of July, 1995.

TROPICAL TIKI HUTS, INC.

By: Kelvin A. Townsend
KELVIN A. TOWNSEND
President

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATED THIS 5 TH DAY OF July, 1995.

Kelvin A. Townsend
KELVIN A. TOWNSEND
Registered Agent

FILED
JUL 11 1995
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HIGHLAND
FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000059543**

1. Corporation Name

TROPICAL TIKI HUTS, INC.

Principal Place of Business

MAGNOLIA TRACE NW
P O BOX 2037
LABELLE FL 33935

Mailing Address

MAGNOLIA TRACE NW
P O BOX 2037
LABELLE FL 33935

If above addresses are incorrect in any way, list through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1995

5. FEI Number

65-0597905

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Titles	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	TOWNSEND, KELVIN A	MAGNOLIA TRACE NW	LABELLE FL 33935
D	TOWNSEND, MARY L	MAGNOLIA TRACE NW	LABELLE FL 33935

200002010772--6
-11/21/96--01023--007
****375.00 ****375.00

8. Name and Address of Current Registered Agent

TOWNSEND, KELVIN A
MAGNOLIA TRACE NW
P O BOX 2037
LABELLE FL 33935

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/23/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Mary L. Townsend
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-96

Daytime Phone #

941-675-5898